

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED DNA SUBJECT INFORMATION	1. DATE OF INCIDENT 14-SEP-2012	TIME 21:55:00	2. ADDRESS OF OCCURRENCE 251 W 110TH ST CHICAGO, IL 60628	3. LOCATION CODE 304	4. SEAT/OCCUR 0513			
	6. POSITION 9161	8. LAST NAME FULTON	7. FIRST NAME EDWARD M	9. STAR NO. 12724	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE BLK	12. HT. 510	13. WT. 162
	14. DATE OF APPT. 26-MAR-1990	15. EMPLOYEE NO. 005	16. UNIT & BEAT OF ASSIGNMENT 0513R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	20. LAST NAME BLACKMON	21. FIRST NAME CYNTHIA	22. M.I. 	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 	26. HT. 506	27. WT. 240
	28. ADDRESS ROSELAND COMMUNITY HOSPITAL	29. TELEPHONE NO. DR [REDACTED]	30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? ROSELAND COMMUNITY HOSPITAL	34. BY WHOM? DR [REDACTED]	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED 720 ILCS 5.0/12-4-B-17	37. CB NO. 18495602	38. IR NO. DNA		
	39. REASON FOR USE OF FORCE (Check all that apply) DNA	PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER OTHER R/O'S ARRESTED <input type="checkbox"/>	ACTIVE RESISTER FLIED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____	ASSAULT/ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	ASSAULT/BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER STRUCK R/O WITH FIST <input type="checkbox"/>	ASSAULT/DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		
	40. MEMBER'S RESPONSE DNA	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER OTHER R/O'S ARRESTED <input type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Shock) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Remote Discharge) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input type="checkbox"/> OTHER _____		
	41. WEAPON TYPE DNA	<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> 01 Indoors <input checked="" type="checkbox"/> 02 Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <input checked="" type="checkbox"/> CLEAR			
	45. WEAPON DISCHARGE INCIDENT DNA	45. MAKE/MANUFACTURER 	46. MODEL 	47. BARREL LENGTH 	48. CALIBER/GAUGE 			
49. TASER CART ID NO. 	50. WEAPON SERIAL NO. (Include Letters) 	51. CHICAGO GUN REG NO. 	52. IL FIREARM OWNER ID NO. 	53. HANDGUN CERTIFICATE NO. 				
54. SPECIAL WEAPON CERTIFICATE NO. 	55. PROPERTY INVENTORY NO. 	56. TYPE OF AMMUNITION USED 	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 	58. TOTAL NO. OF SHOTS MEMBER FIRED 				
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CATALOGUES/SHOT SHELLS RELOADED 	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. OTHER (Specify) 				
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD 	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CARS, FURNITURE, ETC) 	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 11 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.				
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) 	70. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	71. SIGNATURE HVN476470 122581795 ON FILE IN RD					
SIGNATURES	72. REPORTING MEMBER (Print Name) FULTON, EDWARD M 15-SEP-2012 05:19:26	STAR/EMPLOYEE NO. 12724	SIGNATURE [REDACTED]	DATE REVIEWED TIME 15-SEP-2012 05:20:34				
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.							
	74. REVIEWING SUPERVISOR (Print Name) FLANIGAN, KEVIN T	STAR NO. 1547	SIGNATURE [REDACTED]	DATE REVIEWED TIME 15-SEP-2012 05:20:34				

LOG# 1057079
Attachment 15

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject stated to R/LI: that her sister was being arrested and that she was trying to retrieve her and bring her back onto the porch. No further statement was made.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer Fulton was in compliance with department policy. However, unknown officer(s) used force against the offender Blackmon, and failed to report said use of force or to complete TRR's relating to this incident.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO: **1057085** OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

RIGOLI, MICHAEL A

SIGNATURE: 

DATE COMPLETED

15-SEP-2012 05:28:31

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF

CASE REPORT
 ARREST REPORT

SUPPLEMENTARY REPORT
 OFFICER BATTERY REPORT
 TO/FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.B. REPORT
 CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT NO

4

LOG# 1057079

Attachment 15